

Appendix

Appendix Table 1. Search strategy

1	hiv.af.
2	human immunodeficiency virus.mp. [mp=ti, ot, ab, sh, hw, kw, tx, ct, tn, dm, mf, dv, nm, kf, px, rx, ui]
3	acquired immunodeficiency syndrome.af.
4	hiv aids.af.
5	1 or 2 or 3 or 4
6	stroke.mp. [mp=ti, ot, ab, sh, hw, kw, tx, ct, tn, dm, mf, dv, nm, kf, px, rx, ui]
7	(myocardial infarction or heart attack).mp. [mp=ti, ot, ab, sh, hw, kw, tx, ct, tn, dm, mf, dv, nm, kf, px, rx, ui]
8	cardiac death.af.
9	cerebrovascular disease.mp. [mp=ti, ot, ab, sh, hw, kw, tx, ct, tn, dm, mf, dv, nm, kf, px, rx, ui]
10	(ischemic heart disease or Ischaemic heart disease).mp. [mp=ti, ot, ab, sh, hw, kw, tx, ct, tn, dm, mf, dv, nm, kf, px, rx, ui]
11	(cardiovascular disease or cvd).mp. [mp=ti, ot, ab, sh, hw, kw, tx, ct, tn, dm, mf, dv, nm, kf, px, rx, ui]
12	6 or 7 or 8 or 9 or 10 or 11
13	5 and 12
14	limit 13 to human
15	limit 14 to english language
16	Limit 15 to yr= “2000 – Current”
17	remove duplicates from 16

Note: The searches were executed in the following four databases: (1) EBM Reviews - Cochrane Central Register of Controlled Trials <June 2018>, (2) EBM Reviews - Cochrane Database of Systematic Reviews <2005 to July 11, 2018>, (3) Embase <1974 to 2018 July 17>, (4) Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations, and Daily <1946 to July 17, 2018>

Study selection

The excluded studies included several key CVD review articles,^{1–8} and aggregate clinical trial studies,^{9–12} whose bibliographies were screened for identification of additional relevant studies. We also excluded a number of potentially eligible records when more comprehensive or updated results for the same participants and risk comparison were published in another report;^{13–16} risk associations were reported in a way that would not allow for pairwise grouping with other studies reporting similar associations to facilitate pooling of results;^{17–21} or results were reported as number of events or unadjusted risk estimates only.^{22–25}

Note: the references cited in the paragraph above are listed at the end of the appendix

Appendix Table 2. Characteristics of included studies

Author, year	Study type	Location	Mean follow-up	Population	Sample size (% male)	Mean age	Outcome	Relevant risk association(s) examined	Effect measure
LaFleur <i>et al</i> 2017 ⁶⁴	Cohort	USA	ATV-cohort: 12 months Non-ATV: 13 months	HIV+	ATV-cohort: 1,529 (96) Non-ATV: 7,971 (92)	50 years	MI	ATV exposure vs. not exposed	HR ^b
Drozd <i>et al</i> 2017 ⁴²	Cohort	North America	HIV+: 4.5 years HIV-: 19.7 years	HIV+/HIV- (NA-ACCORD / ARIC)	HIV+: 28,912 (81) HIV-: 14,308 (44)	HIV+: 80% were < 50 years HIV-: 27% were < 50 years	Type 1 MI	HIV+ vs. HIV-**	IRR ^b
Rosenblatt <i>et al</i> 2016a ⁶⁵	Cohort	USA	EFV-cohort: 23.2 months EFV-free: 19.3 months	HIV+	EFV-cohort: 11,978 (86) EFV-free: 10,234 (79)	EFV-cohort: 40.2 years EFV-free: 40.7 years	MI	EFV exposure vs. not exposed	HR ^b
Rosenblatt <i>et al</i> 2016b ⁶⁶	Cohort	USA	ATV-cohort: 24 months ATV-free: 21 months	HIV+	ATV-cohort: 2,437 (76) ATV-free: 19,774 (84)	ATV-cohort: 41.0 years ATV-free: 40.4 years	MI	ATV exposure vs. not exposed	HR ^b
Sabin <i>et al</i> 2016 ⁵³	Cohort	Multi-national	7.0 (4.4-11.1) years ^a	HIV+	49,717 (74)	38 (32-44) years ^a	MI	Current ABC exposure vs. not current (1999-2013)	IRR ^b
Salinas <i>et al</i> 2016 ⁵⁴	Cohort	USA	1996-2012 (follow-up)	HIV+	8,168 (97)	46 (40-53) years ^a	AMI	VL at ART initiation ≥ 100,000 copies/mL vs. < 100,000	HR ^b
Desai <i>et al</i> 2015 ⁶⁷	Cohort	USA	~6.7 years	HIV+	24,510 (98)	46.5	MI	Current exposure to ABC vs. not currently exposed Current exposure to DDI vs. not currently exposed Current exposure to ATV vs. not currently exposed Current exposure to TDF vs. not currently exposed Current exposure to LPV vs. not currently exposed Current exposure to FTC vs. not currently exposed Current exposure to 3TC vs. not currently exposed Current exposure to d4T vs. not currently exposed Current exposure to ZDV vs. not currently exposed Current exposure to IDV vs. not currently exposed	OR ^b /HR ^b

Author, year	Study type	Location	Mean follow-up	Population	Sample size (% male)	Mean age	Outcome	Relevant risk association(s) examined	Effect measure
								Current exposure to NFV vs. not currently exposed	
								Current exposure to SQV vs. not currently exposed	
								Current exposure to RTV vs. not currently exposed	
								Current exposure to EFV vs. not currently exposed	
								Current exposure to NVP vs. not currently exposed	
Klein <i>et al</i> 2015 ⁷¹	Cohort	USA	HIV+: 4.8 years HIV-: 5.8 years	HIV+/HIV-	282,368 (91)	HIV+: 41 years HIV-: 40 years	MI	HIV+ vs HIV-	IRR ^b
Palella <i>et al</i> 2015 ⁵⁵	Cohort	USA	~3.9 years	HIV+	16,733 (81)	Reported proportion of individuals by age categories	MI	Recent ABC use vs. non-recent use	HR ^b
Rasmussen <i>et al</i> 2015 ⁵⁶	Cohort	Denmark	HIV+: 55,050–57,631 PYs HIV-: 638,204–659,237 PYss	HIV+/HIV-	HIV+: 5,897 (76) HIV-: 53,073 (76)	HIV+: 36.8 years ^a HIV-: 36.8 years ^a	MI	HIV+ vs. HIV-	IRR ^b
Drozd <i>et al</i> 2014 ⁵⁷	Cohort	USA	1996–2012 (follow-up) NR	HIV+	18,155 (NR)	NR	MI	Current HIV RNA (log (copies/mL)+1) CD4 < 200 vs ≥ 200	OR ^b HR ^b
				HIV+	17,626 (79)	Reported proportion of individuals by age categories	Primary MI		
Silverberg <i>et al</i> 2014 ⁷²	Cohort	USA	HIV+: 4.5 years HIV-: 5.4 years	HIV+/HIV-	HIV+: 22,081 (90.6) HIV-: 230,069 (90.5)	Reported proportion of individuals by age categories	MI	ART-treated HIV+ vs. HIV- ART-untreated HIV+ vs. HIV- Recent HIV RNA (per 1 log increase) Prior ART (yes vs no) Duration of PI use per year increase Duration of NNRTI use per year increase	IRR ^b
Freiberg <i>et al</i> 2013 ³	Cohort	USA	5.9 years ^a	HIV+/HIV-	HIV+: 27,350 (97.3) HIV-: 55,109 (97.2)	HIV+: 48.2 years HIV-: 48.8 years	AMI	HIV+ vs. HIV-	HR ^b
								Recent CD4 < 200 (yes/no) Recent PI use (yes/no)	
Lang <i>et al</i> 2012 ⁵¹	Nested case control	France	4.0 years	HIV+	Cases: 289 (88.9) Controls: 884 (89.1)	Cases: 47 (41–54) years ^a	MI	Current ABC vs not current HIV RNA per log10 increase	OR ^b

Author, year	Study type	Location	Mean follow-up	Population	Sample size (% male)	Mean age	Outcome	Relevant risk association(s) examined	Effect measure
Controls: 46 (40-54) years ^a									
Bedimo <i>et al</i> 2011 ¹²	Cohort	USA	3.9 years ^a	HIV+	19,424 (98)	46 years ^a	AMI	Cumulative ABC HAART per year of exposure Current ABC HAART vs. neither ABC/TDF Cumulative ARV per year of exposure	HR ^b
Choi <i>et al</i> 2011 ²⁴									
Choi <i>et al</i> 2011 ²⁴	Cohort	USA	4.5 years ^a	HIV+	10,931 (98)	46 to 49 years (within subgroups by ART use)	MI	Recent ABC vs. not recent ABC or TDF	HR ^b
Durand <i>et al</i> 2011 ⁵²	Cohort	Canada	4.0 years	HIV+/HIV-	HIV+: 7,053 (78); HIV-: 27,681 (78)	HIV+: 39.5 years HIV-: 39.7 years	AMI	HIV+ vs. HIV-	HR ^b
	Nested case control			HIV+	Cases: 125 (91.2); Controls: 1,084 (92.2)	Cases: 49.0 years Controls: 47.5 years	AMI	ABC exposure vs. no exposure	OR ^b
Recent ABC vs. not recent DDI exposure vs. no exposure									
Recent DDI vs. not recent TDF exposure vs. no exposure									
Recent TDF vs. not recent ATV exposure vs. no exposure									
Recent ATV vs. not recent Recent LPV vs. not recent Recent RTV vs. not recent Recent EFV vs. not recent NVP exposure vs. no exposure									
Recent NVP vs. not recent FTC exposure vs. no exposure									
Recent FTC vs. not recent Recent 3TC vs. not recent d4T exposure vs. no exposure									
Recent d4T vs. not recent ZDV exposure vs. no exposure									
Recent ZDV vs. not recent Recent IDV vs. not recent									

Author, year	Study type	Location	Mean follow-up	Population	Sample size (% male)	Mean age	Outcome	Relevant risk association(s) examined	Effect measure
								NFV exposure vs. no exposure Recent NFV vs. not recent SQV exposure vs. no exposure Recent SQV vs. not recent	
Carman <i>et al</i> 2011 ⁶³	Cohort	USA	1998-2007 (follow-up)	HIV+	66,286 (NR)	NR	AMI	Recent ABC use vs. no use Recent PI use vs. no use	IRR ^b
Lang <i>et al</i> 2010b ⁴³	Cohort	France	2000-2006 (follow-up)	HIV+/ general population	HIV+: ~ 74,958 General population: unclear	35 to 64 years	MI	HIV+ vs general population	SMR
Lang <i>et al</i> 2010a ¹¹	Nested case control	France	2000-2006 (follow-up)	HIV+	Cases: 289 (89) Controls: 884 (89)	Cases: 47 (41-54) years ^a Controls: 46 (40-54) years ^a	MI	Recent ABC exposure vs. no exposure Cumulative ABC exposure vs. no exposure Cumulative DDI per year of exposure Cumulative TDF per year of exposure Cumulative ZVD per year of exposure Cumulative EFV per year of exposure Cumulative NVP per year of exposure Cumulative LPV + RTV per year of exposure Cumulative NFV per year of exposure Cumulative 3TC exposure per year Cumulative d4T exposure per year	OR ^b
Obel <i>et al</i> 2010 ⁸	Cohort	Denmark	~ 6.5 years	HIV+	2,952 (76.4)	39.1 (33.0-46.6) years ^a	MI	ABC exposure vs. no exposure	IRR ^b
Worm <i>et al</i> 2010 ⁵⁸	Cohort	Multi-national	5.8 (3.9-7.5) years ^a	HIV+	33,308 (74)	With MI: 49 (43-65) years ^a Without MI: 44 (38-50) years ^a	MI	Cumulative ABC exposure per year	Relative rate ^b

Author, year	Study type	Location	Mean follow-up	Population	Sample size (% male)	Mean age	Outcome	Relevant risk association(s) examined	Effect measure
Triant <i>et al</i> 2010 ⁶⁸	Cohort	USA	5.1 years ^a	HIV+	6,517 (69)	46 years	AMI	Recent TDF exposure vs. not recent Cumulative TDF exposure per year Recent DDI exposure vs. not recent Cumulative LPV-RTV exposure per year Cumulative NFV exposure per year Cumulative NVP exposure per year Cumulative EFV exposure per year	OR ^b
Triant <i>et al</i> 2009 ⁶⁹	Cohort	USA	HIV+: 6.0 years HIV-: 5.8 years	HIV+/HIV- HIV-: 5.8 years	HIV+: 487 (62.8) HIV-: 69,870 (45.6)	HIV+/HIV-: Reported proportion by age categories	AMI	HIV+ vs. HIV-	OR ^b
D:A:D Study Group <i>et al</i> 2008a ¹³	Cohort	Multi-national	5.1 years ^a	HIV+	33,347 (74)	With MI: 49 (range: 24-92) years ^a Without MI: 44 (range: 12-95) years ^a	MI	Recent ABC exposure vs. never exposed to ABC Recent DDI exposure vs. never exposed Cumulative DDI exposure per year	Relative rate ^b

Author, year	Study type	Location	Mean follow-up	Population	Sample size (% male)	Mean age	Outcome	Relevant risk association(s) examined	Effect measure
D:A:D Study Group <i>et al</i> 2008 ^{b9}	Cohort	Multi-national	4.5 years ^a	HIV+	28,985 (NR)	Reported by calendar period	MI	Recent ZDV exposure vs. never exposed Recent ZDV exposure vs. not recent Cumulative ZDV exposure per year Recent 3TC exposure vs. not recent Cumulative 3TC exposure per year Recent d4T exposure vs. not recent Recent d4T exposure vs. never exposed Cumulative d4T exposure per year	Relative rate ^b
D:A:D Study Group <i>et al</i> 2007 ^j	Cohort	Multi-national	4.5 years ^a	HIV+	23,437 (76)	39 (34-45) years ^a	MI	Nadir CD4 per 50 cells/mm ³ increase	Relative rate ^b
Obel <i>et al</i> 2007 ⁶⁰	Cohort	Denmark	HIV+: 6.9 years ^a HIV-: 8.1 years ^a	HIV+/ HIV-	HIV+: 3,953 (76.8) HIV-: 373,856 (76.3)	HIV+: 36.8 (30.8-44.6) HIV-: 36.4 (30.6-44.0) years ^a	MI	HIV+, on HAART+ vs. HIV- HIV+ not on HAART- vs. HIV-	IRR ^b
Kwong <i>et al</i> 2006 ⁷⁰	Cohort	USA and Netherlands	3.49 (range: 0.02-18.46) years ^a	HIV+	18,603 (82.63)	36 (range: 18-92) years ^a	MI	PI per year of exposure NNRTI per year of exposure HAART per year of exposure	RR ^b
Mary-Krause <i>et al</i> 2003 ⁶	Cohort	France	With MI: 28 (18-39) months ^a Without MI: 33 (15-48) months ^a	HIV+ men	34,976 (100)	With MI: 41.9 years Without MI: 37.7 years	MI	Exposure to PI	Relative hazard ^b
Holmberg <i>et al</i> 2002 ⁶¹	Cohort	USA	~ 3.1 years	HIV+	5,672 (82)	42.6 years	MI	PI use (yes vs no)	HR ^b

Author, year	Study type	Location	Mean follow-up	Population	Sample size (% male)	Mean age	Outcome	Relevant risk association(s) examined	Effect measure
Rickerts <i>et al</i> 2000* ⁶²	Cohort	Germany	24.6 ± 18.1 months	HIV+	2,861 (78)	36.6 ± 9.5 years	MI	Prior HAART (yes vs. no)	OR ^b

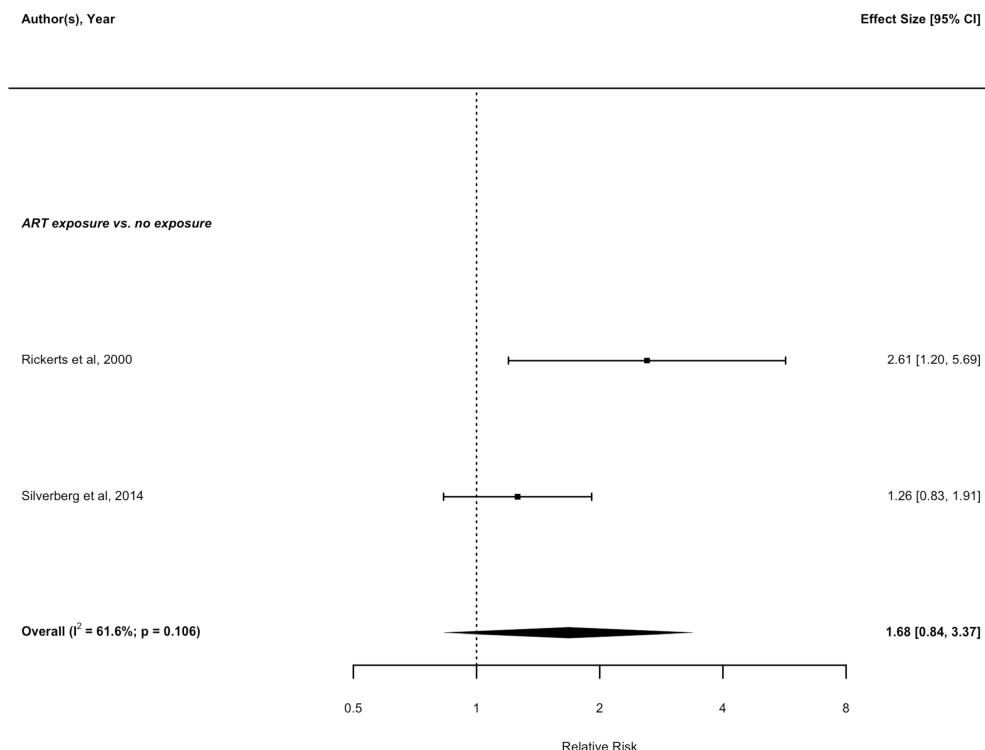
Legend: ^a, median (including lower and upper quartiles, where reported); ^b, adjusted estimate; *, extracted data from the ART era only; **, this was a general population comparison group and may not have consisted of HIV- individuals only; Note: a superscript alongside the author name/year is used to denote the reference number of the study; **ABC**, abacavir; **AMI**, acute myocardial infarction; **ARIC**, Atherosclerosis Risk in Communities; **ART**, antiretroviral therapy; **ATV**, atazanavir; **DDI**, didanosine; **d4T**, stavudine; **EFV**, efavirenz; **FTC**, emtricitabine; **HAART**, highly active antiretroviral therapy; **HR**, Hazard ratio; **IDV**, indinavir; **IRR**, incidence rate ratio; **LPV**, lopinavir; **LPV-RTV**, lopinavir-ritonavir; **MI**, myocardial infarction; **NA-ACCORD/ARIC**, North American AIDS Cohort Collaboration on Research and Design (NA-ACCORD)/Atherosclerosis Risk in Communities (ARIC) cohorts; **NFV**, nelfinavir; **NNRTI**, non-nucleoside reverse transcriptase inhibitor; **NR**, not reported; **NRTI**, nucleoside reverse transcriptase inhibitor; **NVP**, nevirapine; **OR**, Odds ratio; **PI**, protease inhibitor; **RR**, relative risk; **RTV**, ritonavir; **SMR**, standardized morbidity ratio; **SQV**, saquinavir; **TDF**, tenofovir; **VL**, viral load; **ZDV**, zidovudine; **3TC**, lamivudine

Appendix Table 3. Risk of bias in the included studies

Author, year	Publication type	Study design	Clearly defined eligibility criteria	Description of participants/group(s) selection	Potential for bias in case/group representation	Comparability among group(s) based on design or analysis	Adequate exposure/outcome ascertainment	Sufficient follow-up for outcome occurrence?	Funding source
LaFleur <i>et al</i> 2017 ⁶⁴	Journal	Cohort (R)	+	+	No	+	-	-	Public, industry
Drozd <i>et al</i> 2017 ⁴²	Journal	Cohort (P & R)	+	+	Yes*	-	+	+	Public
Rosenblatt <i>et al</i> 2016a ⁶⁵	Journal	Cohort (R)	+	+	No	+	-	+	Industry
Rosenblatt <i>et al</i> 2016b ⁶⁶	Journal	Cohort (R)	+	+	No	+	-	+	Industry
Sabin <i>et al</i> 2016 ⁵³	Journal	Cohort (P)	+	+	No	+	+	+	Public, industry
Salinas <i>et al</i> 2016 ⁵⁴	Journal	Cohort (P)	+	+	No	+	-	+	Public
Desai <i>et al</i> 2015 ⁶⁷	Journal	Cohort (R)	+	+	No	+	-	+	Public
Klein <i>et al</i> 2015 ⁷¹	Journal	Cohort (R)	+	+	No	+	+	+	Private, industry
Palella <i>et al</i> 2015 ⁵⁵	Abstract	Cohort (P & R)	+	+	No	-	+	+	-
Rasmussen <i>et al</i> 2015 ⁵⁶	Journal	Cohort (P)	+	+	No	+	-	+	Public, private
Drozd <i>et al</i> 2014 ⁵⁷	Abstract	Cohort (P)	-	+	No	-	+	-	Public
Silverberg <i>et al</i> 2014 ⁷²	Journal	Cohort (R)	+	+	No	+	+	+	Private, industry
Freiberg <i>et al</i> 2013 ³	Journal	Cohort (P)	+	+	No	+	+	+	Public
Lang <i>et al</i> 2012 ⁵¹	Journal	Nested case-control	+	+	No	+	+	+	Public
Bedimo <i>et al</i> 2011 ¹²	Journal	Cohort (R)	+	+	No	+	-	+	-
Choi <i>et al</i> 2011 ²⁴	Journal	Cohort (R)	+	+	No	+	-	+	Public
Durand <i>et al</i> 2011 ⁵²	Journal	Cohort (R), & nested case-control	+	+	No	+	-	+	Industry
Carman <i>et al</i> 2011 ⁶³	Abstract	Cohort (R)	-	+	-	-	-	+	-

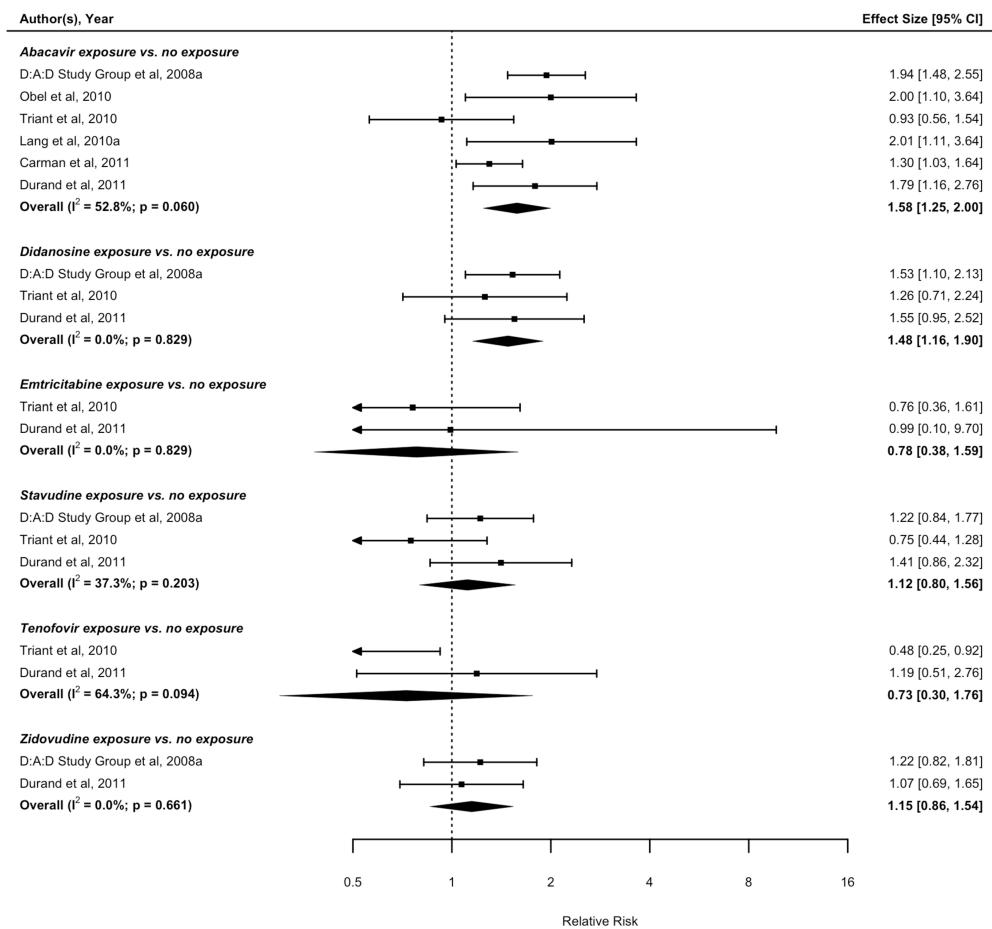
Author, year	Publication type	Study design	Clearly defined eligibility criteria	Description of participants/group(s) selection	Potential for bias in case/group representation	Comparability among group(s) based on design or analysis	Adequate exposure/outcome ascertainment	Sufficient follow-up for outcome occurrence?	Funding source
Lang <i>et al</i> 2010a ¹¹	Journal	Nested case-control	+	+	No	+	+	+	Public
Lang <i>et al</i> 2010b ⁴³	Journal	Cohort (R)	+	+	No	-	+	+	Public
Obel <i>et al</i> 2010 ⁸	Journal	Cohort (P)	+	+	No	+	-	+	Public, private
Worm <i>et al</i> 2010 ⁵⁸	Journal	Cohort (P)	+	+	No	+	+	+	Public, industry
Triant <i>et al</i> 2010 ⁶⁸	Journal	Cohort (R)	+	+	No	+	-	+	Public
Triant <i>et al</i> 2009 ⁶⁹	Journal	Cohort (R)	+	+	No	+	-	+	Public
D:A:D Study Group <i>et al</i> 2008a ¹³	Journal	Cohort (P)	+	+	No	+	+	+	Public, industry
D:A:D Study Group <i>et al</i> 2008b ⁵⁹	Journal	Cohort (P)	+	+	No	+	+	+	Public, industry
D:A:D Study Group <i>et al</i> 2007 ⁷	Journal	Cohort (P)	+	+	No	+	+	+	Public, industry
Obel <i>et al</i> 2007 ⁶⁰	Journal	Cohort (P)	+	+	No	+	-	+	Public, private
Kwong <i>et al</i> 2006 ⁷⁰	Journal	Cohort (R)	+	+	No	+	-	+	Public, industry
Mary-Krause <i>et al</i> 2003 ⁶	Journal	Cohort (R)	+	+	No	+	+	+	Public
Holmberg <i>et al</i> 2002 ⁶¹	Journal	Cohort (P)	+	+	No	-	+	+	Public
Rickerts <i>et al</i> 2000 ⁶²	Journal	Cohort (P)	+	+	No	+	+	+	-

Legend: + means this is clearly described and adequate; - means this is unclear, inadequate or not reported; *, The HIV+ cohort (NA-ACCORD study) was compared to a general population cohort from a different study (Atherosclerosis Risk in Communities [ARIC] study); Note: a superscript alongside the author name/year is used to denote the reference number of the study; NA, Not applicable; P, Prospective; R, Retrospective



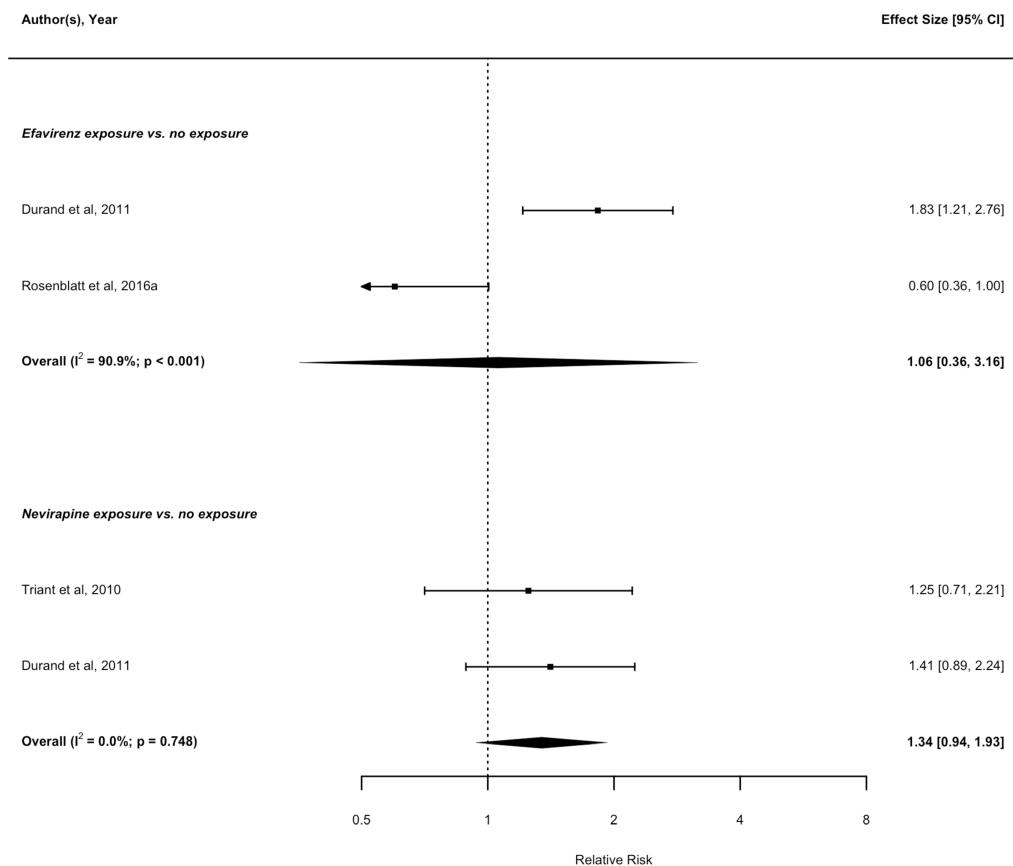
Appendix Figure A1. Forest plot of the meta-analysis of the risk of MI associated with any exposure to antiretroviral therapy

Legend: CI, Confidence interval



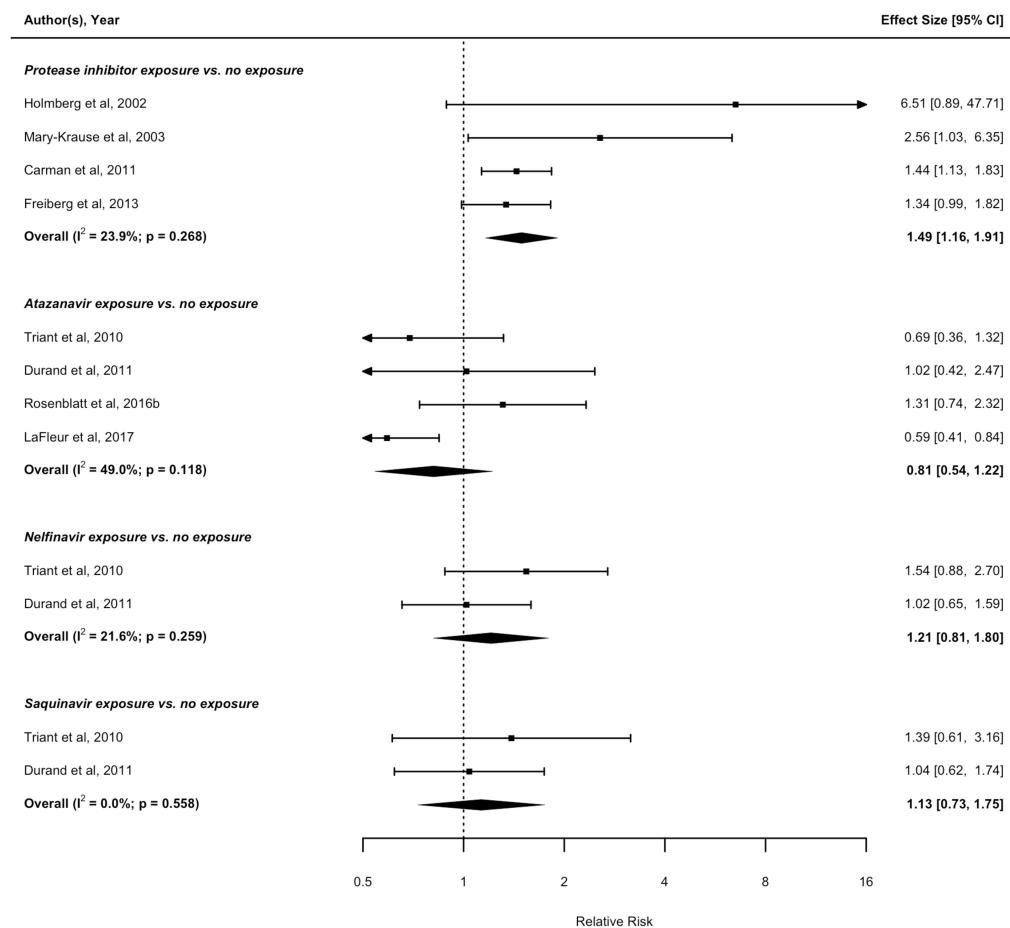
Appendix Figure A2. Forest plot of the meta-analysis of the risk of MI associated with any exposure to drugs of the NRTI class

Legend: CI, Confidence interval

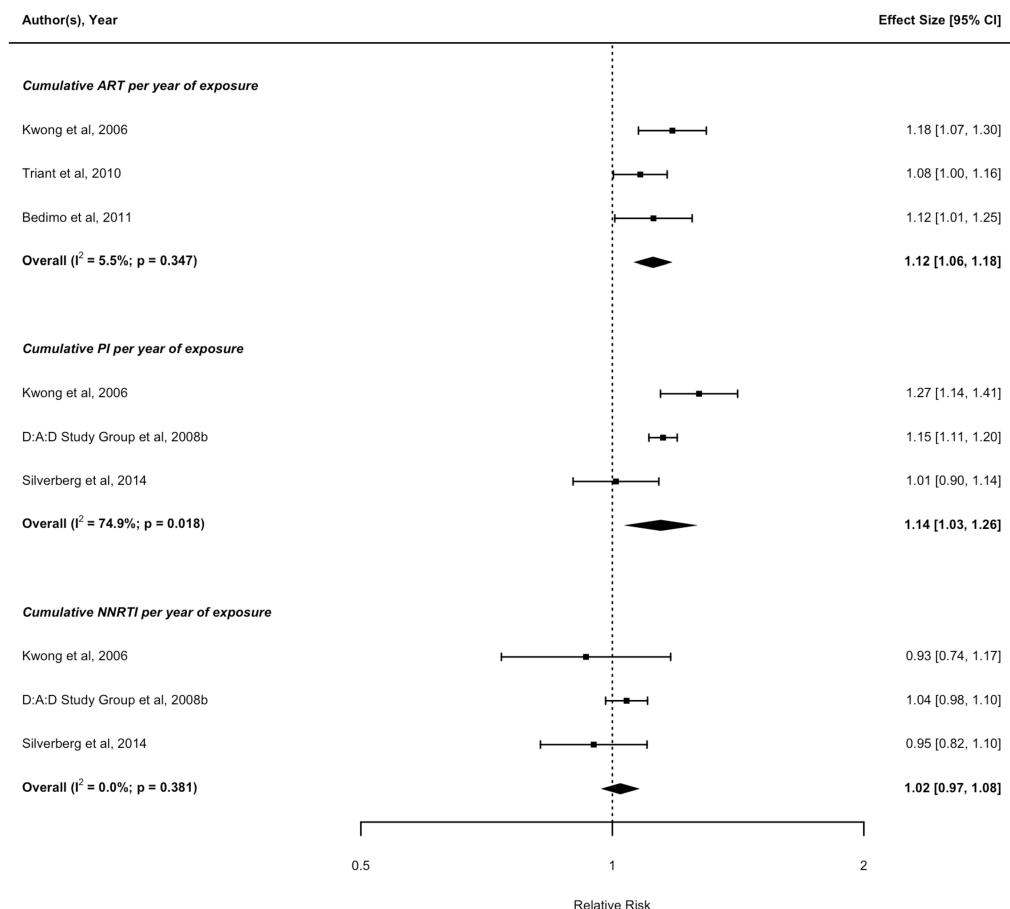


Appendix Figure A3. Forest plot of the meta-analysis of the risk of MI associated with any exposure to drugs of the NNRTI class

Legend: CI, Confidence interval

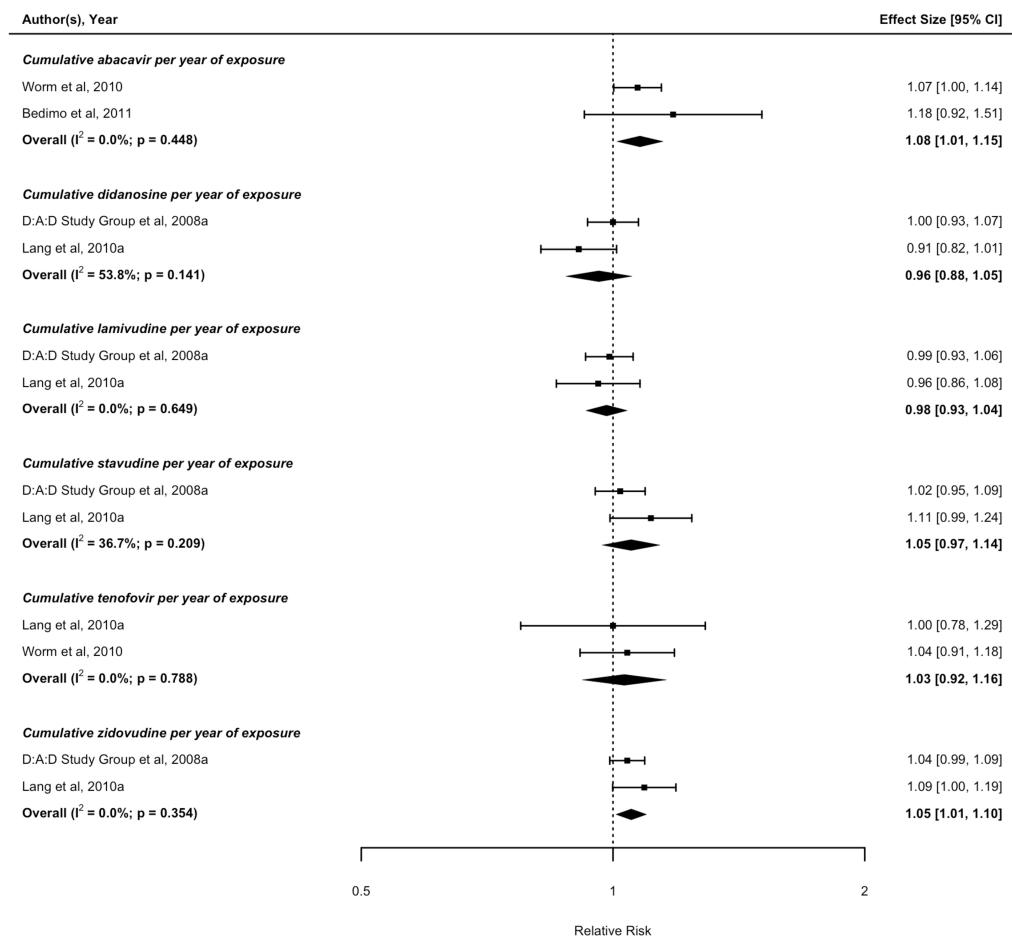


Appendix Figure A4. Forest plot of the meta-analysis of the risk of MI associated with any exposure to protease inhibitors (both as a class and individually)
 Legend: CI, Confidence interval



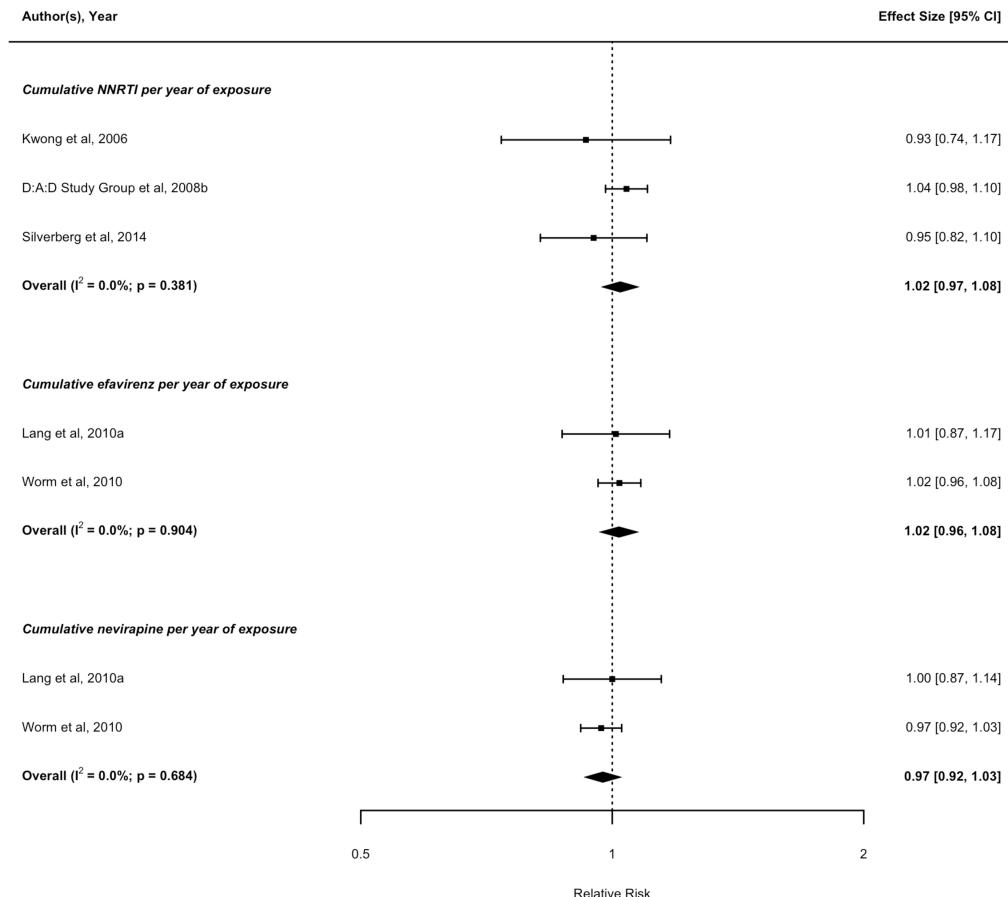
Appendix Figure A5. Forest plot of the meta-analysis of the risk of MI associated with cumulative exposure to antiretroviral therapy (ART) including class of ART

Legend: ART, Antiretroviral therapy; CI, Confidence interval; NNRTI, Non-nucleoside reverse transcriptase inhibitors; PI, Protease inhibitors



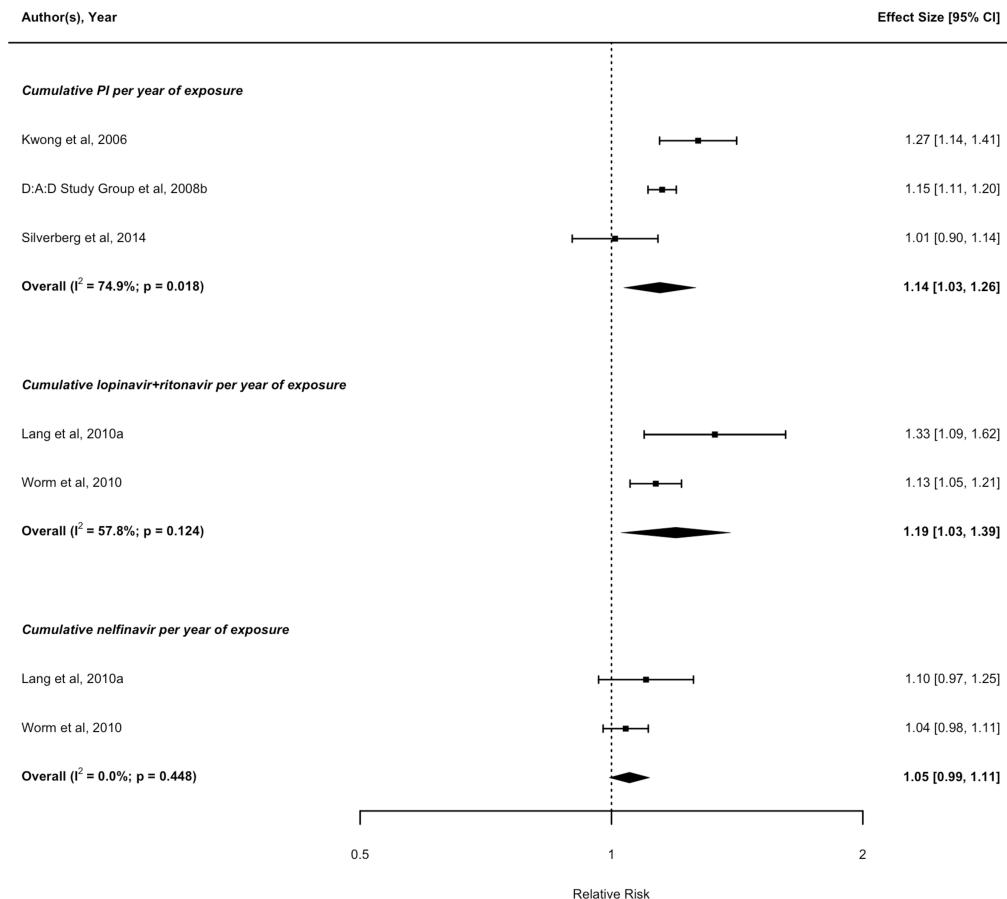
Appendix Figure A6. Forest plot of the meta-analysis of the risk of MI associated with cumulative exposure to drugs of the NRTI class

Legend: CI, Confidence interval

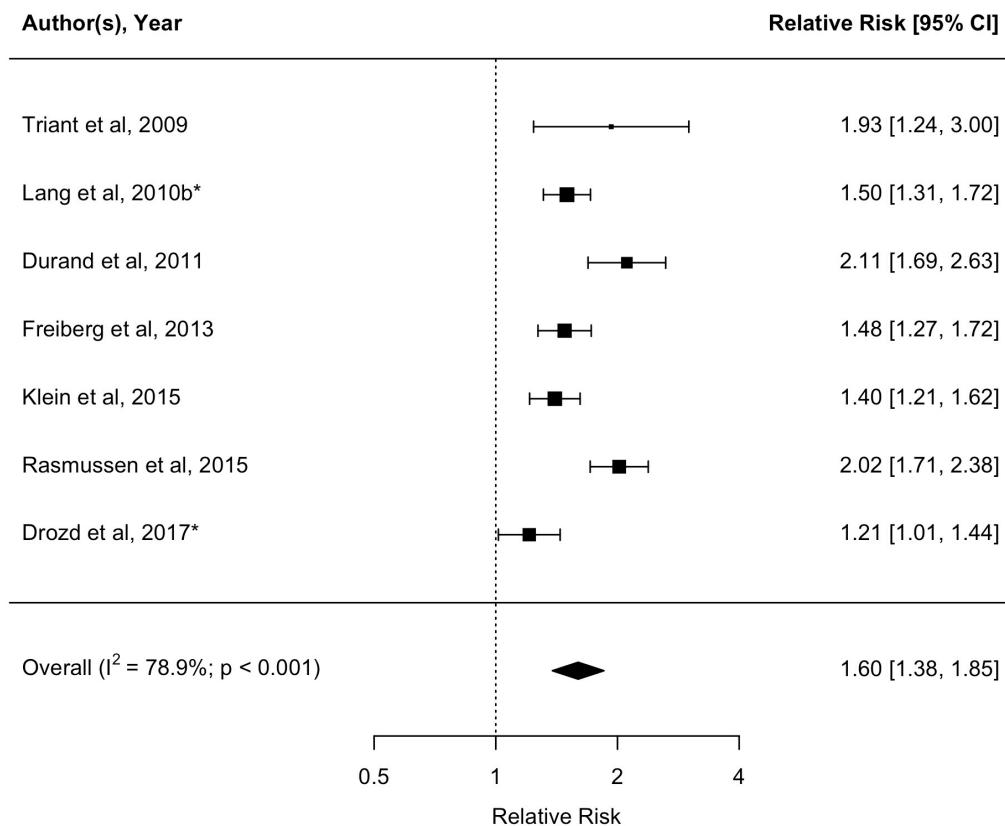


Appendix Figure A7. Forest plot of the meta-analysis of the risk of MI associated with cumulative exposure to NNRTI (both as a class and individually)

Legend: CI, Confidence interval; NNRTI, Non-nucleoside reverse transcriptase inhibitors

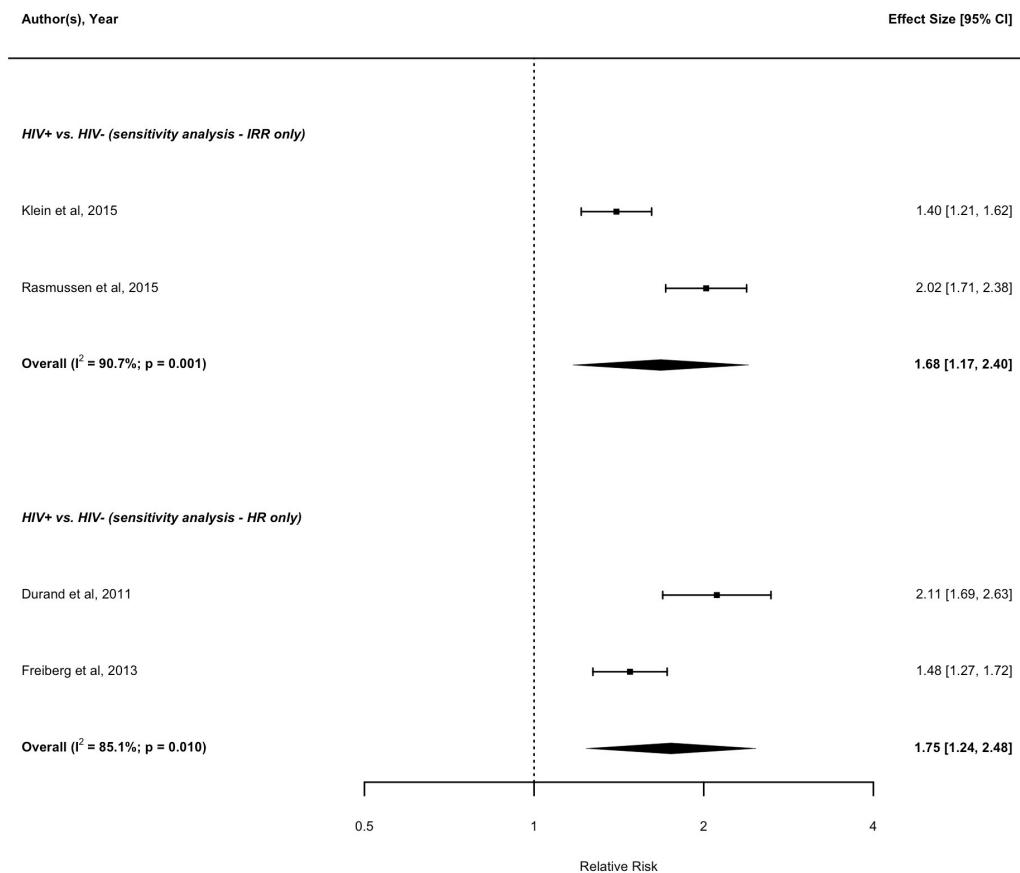


Appendix Figure A8. Forest plot of the meta-analysis of the risk of MI associated with cumulative exposure to protease inhibitors (both as a class and individually)
 Legend: CI, Confidence interval; PI, Protease inhibitors



Appendix Figure S1. Forest plot of the sensitivity analysis for the meta-analysis of the risk of MI associated with HIV infection, where two additional studies involving a general population comparison group were included

Legend: *, This study had a 'general population' comparison group and may not have consisted of HIV-negative individuals only; CI, Confidence interval



Appendix Figure S2. Forest plot of the sensitivity analyses for the meta-analysis of the risk of MI associated with HIV infection, where estimates reported using similar relative effect measures were pooled

Legend: CI, Confidence interval; HR, Hazard ratio; IRR, Incidence rate ratio

Appendix References (for study selection section only)

1. Bavinger C, Bendavid E, Niehaus K, Olshen RA, Olkin I, Sundaram V, et al. Risk of cardiovascular disease from antiretroviral therapy for HIV: a systematic review. *PLoS One.* 2013;8(3):e59551.
2. Ding X, Andraca-Carrera E, Cooper C, Miele P, Kornegay C, Soukup M, et al. No association of abacavir use with myocardial infarction: findings of an FDA meta-analysis. *J Acquir Immune Defic Syndr.* 2012;61(4):441-7.
3. Cruciani M, Zanichelli V, Serpelloni G, Bosco O, Malena M, Mazzi R, et al. Abacavir use and cardiovascular disease events: a meta-analysis of published and unpublished data. *AIDS.* 2011;25(16):1993-2004.
4. Islam FM, Wu J, Jansson J, Wilson DP. Relative risk of cardiovascular disease among people living with HIV: a systematic review and meta-analysis. *HIV Med.* 2012;13(8):453-68.
5. Friis-Møller N, Smieja M, Klein D. Antiretroviral therapy as a cardiovascular disease risk factor: fact or fiction? A review of clinical and surrogate outcome studies. *Curr Opin HIV AIDS.* 2008;3(3):220-5.
6. Calza L, Manfredi R, Verucchi G. Myocardial infarction risk in HIV-infected patients: epidemiology, pathogenesis, and clinical management. *AIDS.* 2010;24(6):789-802.
7. Hemkens LG, Bucher HC. HIV infection and cardiovascular disease. *Eur Heart J.* 2014;35(21):1373-81.
8. Escarcega RO, Franco JJ, Mani BC, Vyas A, Tedaldi EM, Bove AA. Cardiovascular disease in patients with chronic human immunodeficiency virus infection. *Int J Cardiol.* 2014;175(1):1-7.
9. Brothers CH, Hernandez JE, Cutrell AG, Curtis L, Ait-Khaled M, Bowlin SJ, et al. Risk of myocardial infarction and abacavir therapy: no increased risk across 52 GlaxoSmithKline-sponsored clinical trials in adult subjects. *J Acquir Immune Defic Syndr.* 2009;51(1):20-8.
10. Ribaudo HJ, Benson CA, Zheng Y, Koletar SL, Collier AC, Lok JJ, et al. No risk of myocardial infarction associated with initial antiretroviral treatment containing abacavir: short and long-term results from ACTG A5001/ALLRT. *Clin Infect Dis.* 2011;52(7):929-40.
11. Coplan PM, Nikas A, Japour A, Cormier K, Maradit-Kremers H, Lewis R, et al. Incidence of myocardial infarction in randomized clinical trials of protease inhibitor-based antiretroviral therapy: an analysis of four different protease inhibitors. *AIDS research and human retroviruses.* 2003;19(6):449-55.
12. Da Silva B, Tschampa J, Beron J, Fredrick L, Patwardhan M, Zachry W, et al. Evaluation of myocardial infarction and coronary artery disease in subjects taking lopinavir/ritonavir: a study using clinical trial and pharmacovigilance databases. *Int J Clin Pharmacol Ther.* 2012;50(6):391-402.
13. Friis-Møller N, Sabin CA, Weber R, d'Arminio Monforte A, El-Sadr WM, Reiss P, et al. Combination antiretroviral therapy and the risk of myocardial infarction. *N Engl J Med.* 2003;349(21):1993-2003.
14. Klein D, Hurley LB, Quesenberry CP, Jr., Sidney S. Do protease inhibitors increase the risk for coronary heart disease in patients with HIV-1 infection? *J Acquir Immune Defic Syndr.* 2002;30(5):471-7.
15. Althoff KN, McGinnis KA, Wyatt CM, Freiberg MS, Gilbert C, Oursler KK, et al. Comparison of risk and age at diagnosis of myocardial infarction, end-stage renal disease, and non-AIDS-defining cancer in HIV-infected versus uninfected adults. *Clin Infect Dis.* 2015;60(4):627-38.
16. Bedimo R, Westfall AO, Mugavero M, Drechsler H, Khanna N, Saag M. Hepatitis C virus coinfection and the risk of cardiovascular disease among HIV-infected patients. *HIV Med.* 2010;11(7):462-8.
17. Strategies for Management of Anti-Retroviral Therapy/Insight, D:A:D. Study Groups. Use of nucleoside reverse transcriptase inhibitors and risk of myocardial infarction in HIV-infected patients. *AIDS.* 2008;22(14):F17-24.
18. Sabin CA, Ryom L, De Wit S, Mocroft A, Phillips AN, Worm SW, et al. Associations between immune depression and cardiovascular events in HIV infection. *AIDS.* 2013;27(17):2735-48.
19. Monforte AD, Reiss P, Ryom L, El-Sadr W, Dabis F, De Wit S, et al. Atazanavir is not associated with an increased risk of cardio- or cerebrovascular disease events. *AIDS.* 2013;27(3):407-15.
20. Brouwer ES, Napravnik S, Eron JJ, Jr., Stalzer B, Floris-Moore M, Simpson RJ, Jr., et al. Effects of combination antiretroviral therapies on the risk of myocardial infarction among HIV patients. *Epidemiology.* 2014a;25(3):406-17.
21. Drozd DR, Kitahata MM, Althoff KN, Zhang J, Heckbert SR, Budoff MJ, et al. Incidence and risk of myocardial infarction (MI) by Type in the NA-ACCORD [CROI Abstract 748]. In Special Issue:

- Abstracts From the 2015 Conference on Retroviruses and Opportunistic Infections. Top Antivir Med. 2015;23(e-1):335.
22. Barbaro G, Di Lorenzo G, Cirelli A, Grisorio B, Lucchini A, Hazra C, et al. An open-label, prospective, observational study of the incidence of coronary artery disease in patients with HIV infection receiving highly active antiretroviral therapy. Clin Ther. 2003;25(9):2405-18.
23. Engstrom K, Garcia M. Initial antiretroviral therapy with protease inhibitors is associated with increased risk of heart failure in HIV-infected patients [ACC.14 Abstract 1261-192]. In: Abstracts from the American College of Cardiology 63rd Annual Scientific Session & Expo. JACC. 2014;63(12):A955.
24. Triant VA, Regan S, Grinspoon SK. MACE incidence among HIV and non-HIV-infected patients in a clinical care cohort [CROI abstract 738]. In Special Issue: Abstracts from the 2014 Conference on Retroviruses and Opportunistic Infections. Top Antivir Med. 2014;22(e-1):376-77.
25. Brouwer E, Moga D: Differences in myocardial infarction risk among persons living and those not living with HIV: an evaluation of a commercially insured population seeking care in the United States [AIDS Abstract THPE038]. In:20th International AIDS Conference. Melbourne, Australia 2014b.